



# THE INSURANCE ADVANTAGE

October 2007 Annual Enrollment Edition - Not Available After January 1, 2008

SOUTH CAROLINA BUDGET AND CONTROL BOARD — EMPLOYEE INSURANCE PROGRAM

## Welcome

Welcome to the 2007 issue of *The Insurance Advantage*. This newsletter will update you on your insurance options for 2008 and guide you through the open enrollment process.

*The Insurance Advantage* will be useful to you throughout the open enrollment period, October 1-31, 2007. In January, you will receive the 2008 *Insurance Benefits Guide*, which will be your primary source for comprehensive information on all the benefits programs offered through the Employee Insurance Program.

Remember, all changes you make during open enrollment will go into effect January 1, 2008.

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## New! Open Enrollment is a Cinch With MyBenefits

During open enrollment, active employees can change their insurance coverage from anywhere with Internet access using the new MyBenefits online enrollment system.

### How to Register

To begin, click on the MyBenefits button on the Employee Insurance Program (EIP) Web site, [www.eip.sc.gov](http://www.eip.sc.gov). The first time you use the system, you must register. Select "Register" and you will be asked to enter:

- A security code you will see on the screen (Enter it exactly as it appears, capitalizing the same letters that are capitalized in the box on the screen)
- Your first and last names
- Your date of birth
- Your Social Security Number (SSN)
- Your eight-digit Benefits Identification Number (BIN). If you are enrolled in the State Health Plan, BlueChoice HealthPlan, MUSC Options or Dental Plus, your BIN is under your name on your identification card. Other subscribers received a letter giving them their BIN.

Next you will be asked to create a password for MyBenefits. To protect your privacy, you must go through a few steps to create a password. Password

[See MyBenefits on page 3](#)



### Why Use MyBenefits?

- **It's convenient.** You have access to your insurance coverage information anywhere, anytime, on the Internet.
- **It's secure.** The protected Web site helps make sure your personal health information stays safe.
- **It's fast.** Using the Web site saves a phone call or visit to your benefits office and ensures speedy transmission of your coverage changes.
- **It's easy.** Help screens and prompt screens direct you to more information when you need it.

### Attention TRICARE Supplement Subscribers

The Employee Insurance Program *will not offer* this program in 2008. See page 6 for details and your health plan options.

# Open Enrollment Options for *Active Employees*

**During open enrollment, which occurs in odd-numbered years, you have more options than you do during annual enrollment.**

Open enrollment is October 1-31, 2007. Any changes you make will go into effect on January 1, 2008.

To make the best decision, start by looking at your benefits statement to see the coverage you have now. Be sure to read "New! Open Enrollment is a Cinch with MyBenefits" on page 1 to find out how to review your benefits online.

If you want to keep your current coverage (except for TRICARE Supplement; see page 6), you do not have to do anything. If you wish to change your coverage, please read on to find out what you can change and how to do it. **Note:** Some MoneyPlus programs require re-enrollment each year. Read pages 12-13 to learn more.

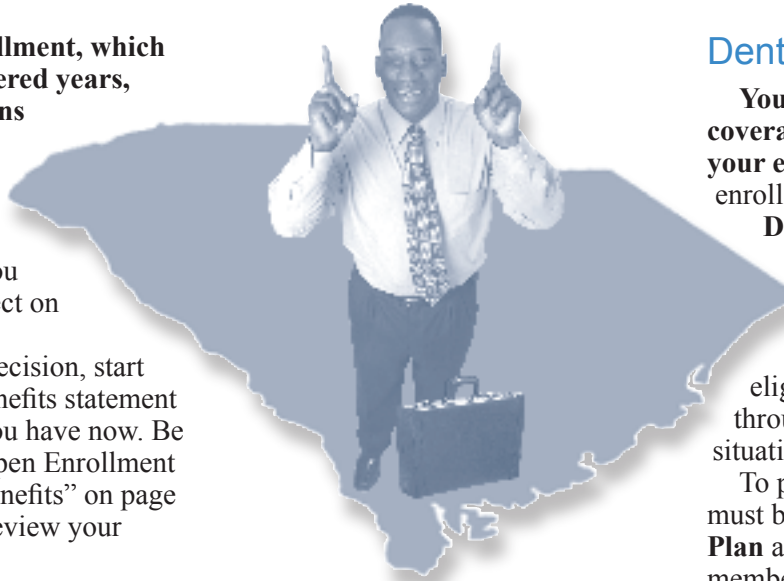
## Health Insurance

**You and your eligible dependents may enroll in or change to:**

- The State Health Plan Savings Plan
- The State Health Plan Standard Plan
- An HMO offered in the county where you live or work (see pages 8-9 for a chart listing availability)

*If you are a survivor who is eligible for Medicare, or a retiree, refer to page 4 for your choices.*

If you are eligible for health insurance through the Employee Insurance Program (EIP), but have not enrolled, you may enroll yourself and your eligible dependents during open enrollment. However, you will be subject to an 18-month pre-existing condition period, unless you enroll within 31 days of a special eligibility situation, such as marriage; birth, adoption or placement of a child; or involuntary loss of other coverage. If you have a certificate of prior coverage showing no more than a 62-day break in coverage, the pre-existing period may be reduced.



If you enroll in the **Savings Plan** during October, *you may be eligible to open a Health Savings Account (HSA) in 2008.* Read page 13 to learn more.

**You may drop health coverage for yourself and/or for your dependents.**

The chart on page 10 lists the 2008 premiums. A brief comparison chart of the health plans is on pages 8-9. For details on these plans, read your 2007 *Insurance Benefits Guide (IBG)*.

The chapter on the State Health Plan, which includes the Savings Plan and the Standard Plan, begins on page 21. The health maintenance organizations (HMOs) are discussed beginning on page 55.

If you have specific questions about any of the plans, contact information is on page 15 of this newsletter.

## Dental Insurance

**You may enroll in or drop dental coverage for yourself and/or for your eligible dependents.** Once you enroll in the **State Dental Plan** or **Dental Plus**, you are locked into that coverage for two years, until the next open enrollment period (October 2009) or until you become eligible to change your coverage through a special eligibility situation.

To participate in **Dental Plus**, you must be enrolled in the **State Dental Plan** and cover the same family members under both plans.

## Optional and Dependent Life Insurance

- For information about coverage changes you, as an active employee, may make for yourself and your spouse, see the article on page 7.
- Eligible children of active employees can be enrolled in Dependent Life Insurance throughout the year without providing medical evidence of good health.
- *An employee must be actively at work for any changes to go into effect on January 1, 2008. If you are absent from work due to an injury or an illness on the date your insurance or your dependent's insurance would otherwise become effective, the effective date of any new or increased insurance*

*See Enrollment on page 3*

## Active Employees Have Two Ways to Submit Changes

**1. During October, you can change your health plan or make other changes in your coverage online using MyBenefits.** It's fast and easy. See page 1 for details.

**2. You can complete a paper Notice of Election (NOE) form.** This form is available from your benefits administrator, and it's available online at [www.eip.sc.gov](http://www.eip.sc.gov). Choose your category, then click on "Forms." After you complete the form, give it to your benefits administrator before the close of business on October 31, 2007.

# MyBenefits

Continued from page 1

rules are outlined on this page.

- The password must have eight characters. At least one must be a number and one must be one of these special characters: ! : # \$ % \* { } [ ] @.
- After you create your password, verify it.
- You will be asked four questions that will help identify you if you forget your password.

A summary of your registration information, including the answers to the four questions, will appear. This is the only time it will be displayed. You may want to print this screen and keep it in a safe place.

**At this time, MyBenefits is available only to active employees.**

After you register, log in by entering your BIN, the last four digits of your SSN and your password. This will take you to the main menu. The question, "What

would you like to do?" appears. You can begin to make your coverage changes by selecting "Open Enrollment."

**Check with your benefits administrator if you find you do not have access to MyBenefits.**

## Open Enrollment—Changing Your Insurance Coverage

When you select "Open Enrollment" from the menu, your current coverage, along with the corresponding premiums, will be shown at the top of the page. Under "Make Coverage Changes," you will see coverage options that you will be able to change to during open enrollment. You can see changes in premiums as you view your options. (If you are employed by a participating local subdivision, contact your benefits administrator for 2008 premiums.) For information on health and dental insurance options, see page 2 of this newsletter. For information on life insurance options, see page 7.

## Looking for directions?

Help buttons, help screens and hyperlinks will guide you through using MyBenefits.



After you have made changes, choose "Approve Changes." You will then see a summary page comparing your previous choices to those you have just entered. If you are satisfied with the changes, choose "Approve."

To authorize the changes, you must "sign" the authorization by entering the last four digits of your SSN. Then click on "Sign."

After you sign your subscriber authorization, your enrollment data will be sent to your benefits office for review and approval, then forwarded to your payroll office.

If you change your mind about your selections before open enrollment ends, contact your benefits administrator. **No changes can be made after 11:59 p.m. on October 31, 2007.**

## Throughout the Year

MyBenefits isn't just for October enrollment. Throughout the year, you can:

- Review your benefits
- Update your contact information
- Change your beneficiaries.

Now, thanks to MyBenefits, quick and easy access to your insurance coverage is just a mouse click away!

## Enrollment

Continued from page 2

*coverage will be deferred until the date you return to work as an active, permanent, full-time employee for one full day. Please see "You Can Adjust Your Life Insurance Coverage for 2008" on page 7 of this newsletter for more information on effective dates.*

## Supplemental Long Term Disability (SLTD) Insurance

- You can change from a 90-day waiting period to a 180-day waiting period, or drop coverage, during open enrollment and throughout the year.
- Throughout the year, active employees may apply for SLTD coverage or change from a 180-day waiting period to a 90-day waiting period with approved medical evidence of good health.

## Long Term Care Insurance

- With approved medical evidence of good health, active employees may enroll themselves, their spouses, their parents or their parents-in-law during open enrollment and throughout the year.

## MoneyPlu\$

- Please see pages 12-13 for information about eligibility and enrollment in MoneyPlu\$.



## ATTENTION RETIREES

Whether you qualify for Medicare because of age or a disability, including end-stage renal disease, **remember:**

- Within 31 days of eligibility, *notify the Employee Insurance Program (EIP) and submit a copy of your Medicare card.*
- Enroll in **Part A and Part B**. If you do not sign up for Part B, *you will be required to pay the portion of your healthcare costs that Part B would have paid.*
- Most subscribers covered through EIP should not enroll in Medicare **Part D** because the prescription drug coverage under EIP plans is as good as or better than the standard Medicare prescription drug coverage. See "Part D Creditable Coverage Letter" on page 219 of your 2007 *Insurance Benefits Guide* for more information.

For more information, read the 2007 *When You Become Eligible for Medicare Handbook* or contact your benefits administrator or EIP. The handbook is available on our Web site at [www.eip.sc.gov](http://www.eip.sc.gov). Choose your category, then select "Publications."

## Open Enrollment Options for *Retiree, COBRA* and *Survivor Subscribers*

Now is the time to examine your health insurance and decide if the plan in which you are enrolled best suits your needs. If you would like to make changes, you may do so during open enrollment, which occurs October 1-31, 2007. The changes you make will go into effect on January 1, 2008.

If you want to keep your current coverage, you do not need to do anything. You will be re-enrolled automatically for 2008 (except for TRICARE Supplement; see page 6).

### Health Insurance Options for Retirees *Who Are Not Eligible for Medicare*

**You and your eligible dependents may enroll in or change to:**

- The State Health Plan Savings Plan
- The State Health Plan Standard Plan
- An HMO offered in the county where you live (see pages 8-9 for a chart listing availability).

If you are eligible for health insurance coverage through the Employee Insurance Program (EIP), but have not enrolled, you may enroll yourself and your eligible dependents during open enrollment.

However, you and your dependents will

be subject to an 18-month pre-existing condition period. If you have a certificate of prior coverage showing no more than a 62-day break in coverage, the pre-existing period may be reduced. To find out more about who qualifies as an eligible dependent, see pages 12-14 of your 2007 *Insurance Benefits Guide*.

**You may drop health coverage for yourself and/or for your eligible dependents.**

The chart on pages 8-9 is a brief comparison of the health insurance plans offered through EIP, and premiums are on pages 10-11. For more information, read your 2007 *Insurance Benefits Guide* (IBG). The chapter on the State Health Plan, which includes the Savings Plan and the Standard Plan, begins on page 21. The health maintenance organizations (HMOs) are discussed beginning on page 55. If you have specific questions about any of the plans, contact information is on page 15 of this newsletter.

If you enroll in the **Savings Plan** during October, your enrollment will go into effect

*See Retirees on page 5*

### Act Quickly to Take Advantage of COBRA Coverage

The Consolidated Omnibus Budget Reconciliation Act (COBRA) requires that continuation of group health and/or dental insurance coverage be offered to you and/or your covered dependents if you are no longer eligible for coverage due to a qualifying event. Qualifying events include:

- The employee's working hours are reduced from full-time to part-time
- The employee voluntarily quits work, retires, is laid off or is fired (unless the firing is due to gross misconduct)
- The employee is separated or divorced from his spouse
- A covered child no longer qualifies as a dependent.

To extend coverage under COBRA, the subscriber must notify his benefits office within 60 days of the qualifying event or the date coverage would have been lost due to the qualifying event, whichever is later. Otherwise, the individual will lose his rights to COBRA coverage.

To begin coverage under COBRA, a COBRA Notice of Election form and premiums must be submitted. The initial premium must be paid within 45 days from the date coverage was elected. This first premium payment must include premiums for the month following the date you lost coverage, the month you elected coverage and the first full month of COBRA coverage.

# Retirees

Continued from page 4

January 1, 2008. As of that date, *you will be eligible to contribute to a Health Savings Account (HSA)* if you are not covered by other health insurance (including Medicare) and if you cannot be claimed as a dependent on another person's income tax return.

- The Internal Revenue Service (IRS) may adjust the HSA contribution limits each year based on the rate of inflation. **The limits for 2008 are \$2,900 for individual accounts and \$5,800 for family accounts.** A subscriber age 55 or older may contribute an additional \$900 in 2008 under a "catch up" provision. You may also make a one-time transfer of Individual Retirement Account funds to an HSA, as long as the amount transferred does not exceed the annual HSA contribution limits. ***New!* You can start an HSA mid-year and contribute the full annual amount, as long as you become eligible on or before December 1 AND provided you continue to be eligible for a full 12 months after the end of the year.**
- You may open an HSA with NBSC (an affiliate of Synovus Financial Corp.) or another HSA trustee. However, the South Carolina Retirement Systems has arranged with NBSC to allow your HSA contributions to be deducted from your retirement check and forwarded directly to NBSC. If you use a different HSA trustee, you must make your own deposits to your account. Your HSA contributions will be made on an after-tax basis. You may then claim them on your tax return.

## Health Insurance Options for Retirees *Who Are Eligible for Medicare*

**You and your eligible dependents may enroll in or change to:**

- The State Health Plan Standard Plan
- The Medicare Supplemental Plan

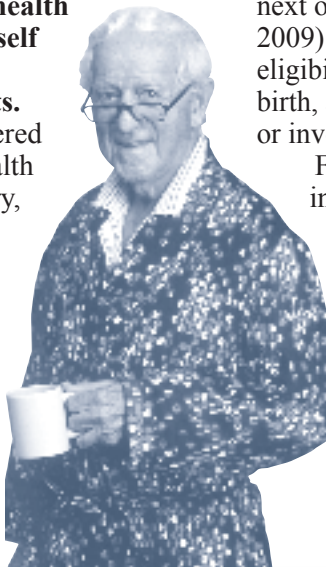
- An HMO offered in the county where you live (see pages 8-9 for a chart listing availability).

The changes you make during open enrollment will go into effect on January 1, 2008.

If you are eligible for health insurance through the Employee Insurance Program (EIP), but have not enrolled, you may enroll yourself and your eligible dependents during open enrollment, October 1-31. However, you and your dependents will be subject to an 18-month pre-existing condition period, unless you enroll within 31 days of a special eligibility situation, such as marriage; birth, adoption or placement of a child; or involuntary loss of other coverage. If you have a certificate of prior coverage showing no more than a 62-day break in coverage, the pre-existing period may be reduced.

### You may drop health coverage for yourself and/or for your eligible dependents.

The benefits offered by the different health insurance plans vary, especially in how they coordinate with Medicare. To compare the plans, and to determine which one is best for you, please refer to your *2007 Insurance Benefits Guide*.



Information on the Standard Plan in retirement begins on page 170. The section on the Medicare Supplemental Plan starts on page 173. You can learn about how the HMOs work with Medicare by turning to page 178. You can also get more information by contacting the HMOs. Telephone numbers and Web site addresses for each HMO are listed on page 15 of this newsletter.

## Insurance Options for *All Retirees*

### Dental Insurance

This insurance is available to all retirees and their eligible dependents. **You may enroll in or drop dental coverage for yourself and/or for your eligible dependents.** Once you enroll in the State Dental Plan or Dental Plus, you are locked into that coverage for two years, until the next open enrollment period (October 2009) or until you have a special eligibility situation, such as marriage; birth, adoption or placement of a child; or involuntary loss of other coverage.

For more information on dental insurance, see page 6 of this newsletter.

### Long Term Care Insurance

- With approved medical evidence of good health, a retiree, a spouse or a surviving spouse may enroll throughout the year. Contact Aetna for more information.

## How to Submit Your Coverage Changes

**To change coverage, you must complete a Retiree Notice of Election (RNOE) form.** The form is available from EIP or from your benefits office. It is also available online at [www.eip.sc.gov](http://www.eip.sc.gov). Choose your category (Retirees) and then select "Forms." After you have completed the RNOE, send it to:

- EIP, if you are retired from a state agency, a school district or an institution of higher education
- Your benefits office, if you are retired from an optional employer, such as a city or a county government
- **Return your RNOE by October 31, 2007.**
- **Elections made during open enrollment will go into effect on January 1, 2008.**

# EIP Will No Longer Offer TRICARE Supplement

Due to a change in federal law, effective January 1, 2008, group health plan sponsors, including the Employee Insurance Program (EIP), can no longer offer a TRICARE Supplement policy to TRICARE-eligible employees.

TRICARE Supplement subscribers may purchase a private TRICARE supplement from ASI, which administers EIP's TRICARE Supplement. **If you are currently enrolled in the TRICARE Supplement, your coverage through EIP will end December 31, 2007.**

During open enrollment, you must:

- **Choose another health plan offered through EIP OR**
- **Refuse coverage through EIP and obtain a TRICARE supplement policy with ASI, if you want to continue that coverage.**

To choose another health plan through EIP or to refuse coverage, *you must complete an enrollment form during open enrollment*, either online using the new MyBenefits system or by completing a Notice of Election (NOE) form. More information about MyBenefits is on page 1 of this newsletter.

If you have any questions about the health plans offered through EIP or about which plan is best for you, a comparison chart is on pages 8-9. More detailed information about the plans is in your *Insurance Benefits Guide*.

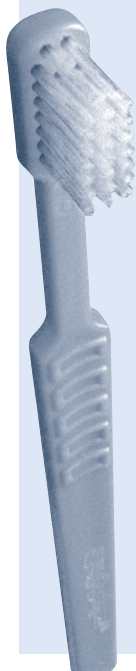
## Weighing Your Options

If you decide to purchase a TRICARE Supplement through ASI, here are some important points to consider:

- **You must *refuse* health coverage through EIP during open enrollment.**
- You will pay the entire premium directly to the insurer. Your employer (or the state, if you are a funded retiree) cannot contribute toward the premium, as federal law now prohibits it.
- Your premium cannot be paid on a pretax basis through the MoneyPlus Pretax Group Insurance Premium Feature.
- Your eligibility for Basic Life Insurance (\$3,000) and Basic Long Term Disability insurance will end.
- If you enroll in a private TRICARE Supplement and do not pay your premiums, you cannot enroll in a health plan offered through EIP until the next open enrollment, which will be in 2009, or until a special eligibility situation occurs that allows you to enroll.

If you have any questions about TRICARE and the TRICARE Supplement, including premiums, call ASI at 800-638-2610. For questions regarding open enrollment and other health plan options, see your benefits administrator or call EIP at 803-734-0678 (Greater Columbia area) or at 888-260-9430 (toll-free outside the Columbia area).

## A Chance to Brush Up on Your Dental Coverage



Good dental hygiene is important to your overall health. To help with your dental expenses, the Employee Insurance Program (EIP) offers the **State Dental Plan** and **Dental Plus**. During open enrollment, you can add or drop these plans for yourself and your dependents. **Once you enroll in the State Dental Plan or Dental Plus, you are locked into that coverage for two years, until the next open enrollment period (October 2009) or until you become eligible to change your coverage due to a special eligibility situation.**

### State Dental Plan

All employees and retirees eligible for health insurance through EIP are offered the State Dental Plan (see pages 10-11 for premiums). It provides payment toward these types of treatment: diagnostic and preventive, basic, prosthodontics, and orthodontics. See page 94 of your 2007

*Insurance Benefits Guide* for more information. The benefit for orthodontics is limited to a \$1,000 lifetime benefit for each covered child younger than 19. **The maximum yearly benefit for the State Dental Plan alone is \$1,000 for each subscriber or covered dependent.** There is a \$25 annual deductible for basic and prosthodontic services.

### Dental Plus

Although Dental Plus premiums will increase slightly in 2008 (see pages 10-11 for premiums), Dental Plus has a higher allowed amount for a service than the State Dental Plan. As a result, Dental Plus saves you a substantial amount when compared to the State Dental Plan alone if you or an enrolled family member needs dental care.

*See Dental on page 16*



# You Can Adjust Your Life Insurance Coverage for 2008

Have you considered enrolling in, or making changes to, your Optional Life or Dependent Life coverage? If so, this is what you can do during open enrollment in October:

## Employees

- Active employees who are not enrolled in the Optional Life program can enroll for up to \$50,000 of coverage, in \$10,000 increments, without providing medical evidence of good health.
- Active employees enrolled in the Optional Life program can increase coverage in \$10,000 increments, **up to \$50,000**, without providing medical evidence of good health.
- The maximum amount of Optional Life coverage is \$500,000.

## Spouses

- Active employees who are not covering their spouse under Dependent Life can enroll a spouse for \$10,000 or \$20,000 of coverage without providing medical evidence of good health, whether or not the employees themselves are enrolled in Optional Life.
- Active employees who are covering their spouse under Dependent Life can increase coverage by \$10,000 or \$20,000 without providing medical evidence of good health.
- Coverage of a spouse cannot exceed 50 percent of the employee's coverage, or \$100,000, whichever is less. The exception to this is for an employee who is enrolled for \$10,000, \$20,000 or \$30,000. He can enroll his spouse for \$10,000 or \$20,000.

**There are no life insurance premium increases for 2008!**

## Children

- Eligible children of active employees can be enrolled in Dependent Life throughout the year without providing medical evidence of good health.  
**New! The coverage for children will be increased from \$10,000 to \$15,000 in 2008. The monthly premium of \$1.24 will remain the same.**

## Important Reminders

- Coverage changes will go into effect January 1, 2008.
- *An employee must be actively at work for any life insurance changes to go into effect January 1, 2008. If you are absent from work due to an injury or an illness on the date your insurance or your dependent's insurance would otherwise become effective, the effective date of any new or increased insurance coverage will be deferred until the date you return to work as an active, permanent, full-time employee for one full day. However, if it is a holiday or you are on annual leave on the date your insurance or your dependent's insurance would otherwise become effective, the changes will go into effect on the same day as if you were at work. The effective date of Dependent Life insurance coverage may also be deferred if the dependent is confined in a hospital or elsewhere on the date the coverage would otherwise have become effective.*

If you leave your job, you may be able to continue your life insurance coverage. Before you leave, check with your benefits administrator or consult your 2007 *Insurance Benefits Guide* to find out what your options are and what you need to do to continue coverage.

## Be Sure Your Beneficiaries Are Up-To-Date

**Look over the beneficiary information shown on your benefits statement from the Employee Insurance Program (EIP) and make sure the information is accurate and current.** This is the only way to ensure those you want will receive the appropriate benefits if something happens to you, and it will make things a little easier on your family at a difficult time. If all of the information is complete and correct, you do not need to do anything. However, if any information is missing, or if you need to make any changes or corrections, here's what you need to do:

1. *If you will be using MyBenefits this year to make your open enrollment changes, your beneficiary information will be at the bottom of the enrollment screen. You may fill in any missing data, add beneficiaries or delete beneficiaries by following the prompts and online help screens. See page 1 for more information on MyBenefits.*

2. *If you will be completing a paper Notice of Election form (NOE) to make your changes, you must rename all of your beneficiaries and complete all of the beneficiary information on the NOE. The information you complete on the NOE will override all of the existing beneficiary information on file.*



This chart is for comparison purposes only. For more information on these plans, please refer to your 2007 *Insurance Benefits Guide*.

## Comparison of Health Plan

Plan	SHP Savings Plan		SHP Standard Plan <sup>3</sup>		BlueChoice HealthPlan of South Carolina <sup>3</sup>
Availability	Coverage worldwide		Coverage worldwide		Available in all South Carolina counties  Coverage worldwide
Active Employee Monthly Premiums <i>Employee Only</i> <i>Employee/Spouse</i> <i>Employee/Children</i> <i>Full Family</i>	\$ 9.28		\$ 93.46		\$129.60
	\$ 72.56		\$237.50		\$380.50
	\$ 20.28		\$142.46		\$282.14
	\$108.56		\$294.58		\$566.48
Please note that premiums for optional employer groups, such as local subdivisions, are not shown.					
Annual Deductible <i>Single</i> <i>Family</i>	(no per-occurrence deductibles) \$3,000 \$6,000		\$350 \$700		\$250 \$500
Coinsurance	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	HMO pays 90% after copays You pay 10%
Coinsurance Maximum <i>Single</i> <i>Family</i>	\$2,000 \$4,000 (excludes deductible)	\$4,000 \$8,000 (excludes deductible)	\$2,000 \$4,000 (excludes deductible)	\$4,000 \$8,000 (excludes deductible)	\$1,500 \$3,000 (excludes deductible)
Physicians Office Visits	Chiropractic payments limited to \$500 a year, per person		\$10 per-occurrence deductible, then:		\$15 PCP copay \$15 OB/GYN well-woman exam \$30 specialist copay
	No per-occurrence deductible or copays				
	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	
Hospitalization/ Emergency Care	No per-occurrence deductibles or copays		Outpatient hospital: \$75 per-occurrence deductible Emergency care: \$125 per-occurrence deductible		Inpatient: \$200 copay Outpatient: \$100 copay/ first 3 visits Emergency care: \$125 copay HMO pays 90% after copays You pay 10% Urgent care: \$35 copay, then HMO pays 100%
Prescription Drugs	Participating pharmacies and mail order only: You pay the State Health Plan's allowed amount until the annual deductible is met. Afterward, the Plan will reimburse 80% of the allowed amount; you pay 20%. When coinsurance maximum is reached, the Plan will reimburse 100% of the allowed amount.		Participating pharmacies only (up to 31-day supply): \$10 tier 1 (generic-lowest cost alternative), \$25 tier 2 (brand-higher cost alternative), \$40 tier 3 (brand-highest cost alternative) Mail order (up to 90-day supply): \$25 tier 1, \$62 tier 2, \$100 tier 3 Copay max: \$2,500		Participating pharmacies only (31-day supply): \$7 generic, \$35 preferred brand, \$55 non-preferred brand, \$100 specialty pharmaceuticals Mail order (Up to 90-day supply): \$14 generic, \$70 preferred brand, \$110 non-preferred brand

<sup>1</sup>Premiums for subscribers of experience-rated groups (such as cities, counties and other local subdivisions) may increase, decrease or remain the same. The plan's annual premium rates for 2008 will be announced by the plan's benefits office next year's rates.

<sup>2</sup>There will be no copayment for services performed at MUSC outpatient facilities.

<sup>3</sup>Refer to your 2007 *Insurance Benefits Guide* for information on how this plan coordinates with Medicare.



## Benefits Offered for 2008<sup>1</sup>

CIGNA HMO <sup>3</sup>	MUSC Options <sup>3</sup>	Medicare Supplemental Plan <sup>3</sup>
Available in all South Carolina counties, <b>except</b> : Abbeville, Aiken, Barnwell, Edgefield, Greenwood, Laurens, McCormick and Saluda	Available <b>only</b> in these South Carolina counties: Berkeley, Charleston, Colleton and Dorchester	Same as Medicare
<b>\$136.30</b> <b>\$390.94</b> <b>\$288.66</b> <b>\$577.34</b>	<b>\$194.82</b> <b>\$508.68</b> <b>\$345.76</b> <b>\$644.66</b>	Available to retirees and covered dependents/survivors who are eligible for Medicare
		Refer to the premium tables on pages 10-11 for rates

Options, may vary. To verify your rates, contact your benefits office.

NONE	In-network NONE	Out-of-network \$500 \$1,500	Pays Medicare Part A and Part B deductibles
HMO pays 80% after copays You pay 20%	Plan pays 100% after copays	Plan pays 60% of allowed amount You pay 40%	Pays Part B coinsurance of 20%
<b>\$2,000</b> <b>\$4,000</b> (includes inpatient, outpatient, copays and coinsurance)	N/A	<b>\$3,000</b> <b>\$9,000</b> (excludes deductible)	None
<b>\$15</b> PCP copay <b>\$15</b> OB/GYN exam <b>\$30</b> specialist copay	<b>\$25</b> PCP copay; <b>\$25</b> OB/GYN well-woman exam; <b>\$50</b> specialist copay	Plan pays 60% of allowed amount after annual deductible You pay 40%. No preventive care benefits out-of-network	Pays Part B coinsurance of 20%
Inpatient: <b>\$500</b> copay per admission, then HMO pays 80% Outpatient facility: <b>\$250</b> copay per admission, then HMO pays 80% Emergency room: <b>\$100</b> copay, then HMO pays 100%	Inpatient: <b>\$300</b> copay Outpatient facility: <b>\$100</b> <sup>2</sup> copay Emergency care: <b>\$150</b> copay; Urgent care: <b>\$50</b> copay	Plan pays 60% of allowed amount after annual deductible You pay 40% Emergency care: <b>\$150</b> copay	<b>For inpatient hospital stays</b> , the Plan pays: Medicare deductible; coinsurance for days 61-150; 100% beyond 150 days (Medi-Call approval required)  <b>For skilled nursing facility care</b> , the Plan pays coinsurance for days 21-100; 100% beyond 100 days, up to \$6,000 per year.
Participating pharmacies only (up to 30-day supply): <b>\$7</b> generic, <b>\$25</b> preferred brand, <b>\$50</b> non-preferred brand Mail order (up to 90-day supply): <b>\$14</b> generic, <b>\$50</b> preferred brand, <b>\$100</b> non-preferred brand	Participating pharmacies only (up to 30-day supply): <b>\$100</b> deductible, then: <b>\$10</b> tier 1 (generic-lowest cost alternative), <b>\$30</b> tier 2 (brand-higher cost alternative), <b>\$50</b> tier 3 (brand-highest cost alternative), <b>\$100</b> specialty pharmaceuticals Mail order (up to 90-day supply): <b>\$25</b> tier 1, <b>\$75</b> tier 2, <b>\$125</b> tier 3	Participating pharmacies only (up to 31-day supply): <b>\$10</b> tier 1 (generic-lowest cost alternative), <b>\$25</b> tier 2 (brand-higher cost alternative), <b>\$40</b> tier 3 (brand-highest cost alternative) Mail order (up to 90-day supply): <b>\$25</b> tier 1, <b>\$62</b> tier 2, <b>\$100</b> tier 3 Copay max: <b>\$2,500</b>	

the same, based on the group's rating. If you are a subscriber of an experience-rated group, your

## 2008 Changes

### State Health Plan Savings Plan and Standard Plan

- No increase in premiums for active employees and regular (employer-funded) retirees; refer to the charts on pages 10-11 for 2008 premiums. See page 14 for updates to preventive programs and benefits.
- BlueCross BlueShield of South Carolina will no longer publish copies of its *provider directory*. The directory can be accessed online at [www.southcarolinablues.com](http://www.southcarolinablues.com). Subscribers without Internet access may obtain a printed list of SHP providers upon request. Call 803-736-1576 (Greater Columbia area) or 800-868-2520 (toll-free outside the Columbia area), and a list will be mailed to you within three days.

### BlueChoice HealthPlan

Refer to the charts on pages 10-11 for 2008 premiums. These are the benefit changes for 2008:

- *Outpatient hospital copayment* will increase to \$100 for the first three visits. The *emergency care copayment* will increase to \$125.
- *Retail generic drug copayment* will decrease to \$7. *Retail prescription drug copayments* will increase to \$35 for preferred brands and \$55 for non-preferred brands. *Specialty pharmaceuticals* will increase to \$100. *Mail-order generic drug copayment* will decrease to \$14. *Mail-order drug copayments* will increase to \$70 for preferred brands and \$110 for non-preferred brands.
- *Physical therapy, speech therapy and occupational therapy* will be covered after deductible and 10 percent coinsurance for up to 20 visits per year for each type of therapy.
- The *human organ transplant lifetime maximum benefit* will increase to \$350,000.

See Changes on page 15

**2008 Active Employee Monthly Premiums<sup>1</sup>**

	Savings	Standard	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Employee	\$ 9.28	\$ 93.46	\$129.60	\$136.30	\$194.82	\$ 0.00	\$20.60
Employee/spouse	\$ 72.56	\$237.50	\$380.50	\$390.94	\$508.68	\$ 7.64	\$39.00
Employee/children	\$ 20.28	\$142.46	\$282.14	\$288.66	\$345.76	\$13.72	\$42.56
Full family	\$108.56	\$294.58	\$566.48	\$577.34	\$644.66	\$21.34	\$60.96

<sup>1</sup>Rates for employees of local subdivisions may vary. To verify your rates, contact your benefits office.

**2008 Regular Retiree (State-funded Benefits) Monthly Premiums<sup>1</sup>**

(Retiree eligible for Medicare/spouse eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Retiree	N/A	\$ 75.46	\$ 93.46	\$129.60	\$136.30	\$194.82	\$ 0.00	\$20.60
Retiree/spouse	N/A	\$201.50	\$237.50	\$380.50	\$390.94	\$508.68	\$ 7.64	\$39.00
Retiree/children	N/A	\$124.46	\$142.46	\$282.14	\$288.66	\$345.76	\$13.72	\$42.56
Full family	N/A	\$258.58	\$294.58	\$566.48	\$577.34	\$644.66	\$21.34	\$60.96

(Retiree eligible for Medicare/spouse **not** eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Retiree/spouse	N/A	\$219.50	\$237.50	\$380.50	\$390.94	\$508.68	\$ 7.64	\$39.00
Full family	N/A	\$268.50	\$286.50	\$566.48	\$577.34	\$644.66	\$21.34	\$60.96

(Retiree **not** eligible for Medicare/spouse eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Retiree/spouse	\$ 72.56	\$219.50	\$237.50	\$380.50	\$390.94	\$508.68	\$ 7.64	\$39.00
Full family	\$108.56	\$268.50	\$286.50	\$566.48	\$577.34	\$644.66	\$21.34	\$60.96

(Retiree **not** eligible for Medicare/spouse **not** eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Retiree	\$ 9.28	\$ 93.46	N/A	\$129.60	\$136.30	\$194.82	\$ 0.00	\$20.60
Retiree/spouse	\$ 72.56	\$237.50	N/A	\$380.50	\$390.94	\$508.68	\$ 7.64	\$39.00
Retiree/children	\$ 20.28	\$142.46	N/A	\$282.14	\$288.66	\$345.76	\$13.72	\$42.56
Full family	\$108.56	\$294.58	N/A	\$566.48	\$577.34	\$644.66	\$21.34	\$60.96

(Retiree **not** eligible for Medicare/spouse **not** eligible for Medicare/one or more children eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Retiree/children	\$ 20.28	\$142.46	\$160.46	\$282.14	\$288.66	\$345.76	\$13.72	\$42.56
Full family	\$108.56	\$294.58	\$312.58	\$566.48	\$577.34	\$644.66	\$21.34	\$60.96

<sup>1</sup>Rates for local subdivisions may vary. To verify your rates, contact your benefits office.

<sup>2</sup>If the Medicare Supplemental Plan is elected, claims for covered persons not eligible for Medicare will be based on the Standard Plan provisions.

**2008 COBRA Monthly Premiums**

18 and 36 months

	Savings	Standard	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Subscriber only	\$275.58	\$361.46	\$ 398.32	\$ 405.14	\$ 464.84	\$11.94	\$21.02
Subscriber/spouse	\$599.02	\$767.24	\$ 913.10	\$ 923.76	\$1,043.86	\$19.74	\$39.78
Subscriber/children	\$397.22	\$521.84	\$ 664.32	\$ 670.96	\$ 729.20	\$25.94	\$43.42
Family	\$725.34	\$915.08	\$1,192.42	\$1,203.50	\$1,272.16	\$33.71	\$62.18
Children (to age 18)	\$121.64	\$160.38	\$ 266.00	\$ 265.82	\$ 264.36	\$13.99	\$22.40

**29 Months** (These rates go into effect in the 19th month of coverage for 29-month COBRA subscribers)

	Savings	Standard	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Subscriber only	\$ 405.28	\$ 531.54	\$ 585.76	\$ 595.80	\$ 683.58	\$11.94	\$21.02
Subscriber/spouse	\$ 880.90	\$1,128.30	\$1,342.80	\$1,358.46	\$1,535.08	\$19.74	\$39.78
Subscriber/children	\$ 584.14	\$ 767.40	\$ 976.92	\$ 986.70	\$1,072.36	\$25.94	\$43.42
Family	\$1,066.68	\$1,345.72	\$1,753.56	\$1,769.86	\$1,870.84	\$33.71	\$62.18
Children (to age 18)	\$ 178.86	\$ 235.86	\$ 391.16	\$ 390.90	\$ 388.78	\$13.99	\$22.40

**2008 Retiree Full Cost (Non-funded) Monthly Premiums<sup>1</sup>**

(Retiree eligible for Medicare/spouse eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Retiree	N/A	\$336.36	\$354.36	\$ 390.50	\$ 397.20	\$ 455.72	\$11.71	\$20.60
Retiree/spouse	N/A	\$716.20	\$752.20	\$ 895.20	\$ 905.64	\$1,023.38	\$19.35	\$39.00
Retiree/children	N/A	\$493.60	\$511.60	\$ 651.28	\$ 657.80	\$ 714.90	\$25.43	\$42.56
Full family	N/A	\$861.14	\$897.14	\$1,169.04	\$1,179.90	\$1,247.22	\$33.05	\$60.96

(Retiree eligible for Medicare/spouse **not** eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Retiree/spouse	N/A	\$734.20	\$752.20	\$ 895.20	\$ 905.64	\$1,023.38	\$19.35	\$39.00
Full family	N/A	\$871.06	\$889.06	\$1,169.04	\$1,179.90	\$1,247.22	\$33.05	\$60.96

(Retiree **not** eligible for Medicare/spouse eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Retiree/spouse	\$587.26	\$734.20	\$752.20	\$ 895.20	\$ 905.64	\$1,023.38	\$19.35	\$39.00
Full family	\$711.12	\$871.06	\$889.06	\$1,169.04	\$1,179.90	\$1,247.22	\$33.05	\$60.96

(Retiree **not** eligible for Medicare/spouse **not** eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Retiree	\$270.18	\$354.36	N/A	\$ 390.50	\$ 397.20	\$ 455.72	\$11.71	\$20.60
Retiree/spouse	\$587.26	\$752.20	N/A	\$ 895.20	\$ 905.64	\$1,023.38	\$19.35	\$39.00
Retiree/children	\$389.42	\$511.60	N/A	\$ 651.28	\$ 657.80	\$ 714.90	\$25.43	\$42.56
Full family	\$711.12	\$897.14	N/A	\$1,169.04	\$1,179.90	\$1,247.22	\$33.05	\$60.96

(Retiree **not** eligible for Medicare/spouse **not** eligible for Medicare/one or more children eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Retiree/children	\$389.42	\$511.60	\$529.60	\$ 651.28	\$ 657.80	\$ 714.90	\$25.43	\$42.56
Full family	\$711.12	\$897.14	\$915.14	\$1,169.04	\$1,179.90	\$1,247.22	\$33.05	\$60.96

<sup>1</sup>Rates for local subdivisions may vary. To verify your rates, contact your benefits office.<sup>2</sup>If the Medicare Supplemental Plan is elected, claims for covered persons not eligible for Medicare will be based on the Standard Plan provisions.**2008 Survivor Monthly Premiums<sup>1</sup>**

(Spouse eligible for Medicare/children eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Spouse	N/A	\$336.36	\$354.36	\$390.50	\$397.20	\$455.72	\$11.71	\$20.60
Spouse/children	N/A	\$493.60	\$529.60	\$651.28	\$657.80	\$714.90	\$25.43	\$42.56
Children only	N/A	\$157.24	\$175.24 <sup>3</sup>	\$260.78	\$260.60	\$259.18	\$13.72	\$21.96

(Spouse eligible for Medicare/children **not** eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Spouse	N/A	\$336.36	\$354.36	\$390.50	\$397.20	\$455.72	\$11.71	\$20.60
Spouse/children	N/A	\$493.60	\$511.60	\$651.28	\$657.80	\$714.90	\$25.43	\$42.56
Children only	\$119.24	\$157.24	N/A	\$260.78	\$260.60	\$259.18	\$13.72	\$21.96

(Spouse **not** eligible for Medicare/children eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Spouse	\$270.18	\$354.36	N/A	\$390.50	\$397.20	\$455.72	\$11.71	\$20.60
Spouse/children	\$389.42	\$511.60	\$529.60 <sup>3</sup>	\$651.28	\$657.80	\$714.90	\$25.43	\$42.56
Children only	N/A	\$157.24	\$175.24 <sup>3</sup>	\$260.78	\$260.60	\$259.18	\$13.72	\$21.96

(Spouse **not** eligible for Medicare/children **not** eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Spouse	\$270.18	\$354.36	N/A	\$390.50	\$397.20	\$455.72	\$11.71	\$20.60
Spouse/children	\$389.42	\$511.60	N/A	\$651.28	\$657.80	\$714.90	\$25.43	\$42.56
Children only	\$119.24	\$157.24	N/A	\$260.78	\$260.60	\$259.18	\$13.72	\$21.96

<sup>1</sup>Rates for local subdivisions may vary. To verify your rates, contact your benefits office.<sup>2</sup>If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.<sup>3</sup>This premium applies only if one or more children are eligible for Medicare.



# Stretch Your Medical and Dependent Care Dollars With MoneyPlu\$



For details on the MoneyPlu\$ Programs—eligibility, IRS guidelines, contribution limits and more—read the *MoneyPlu\$ Tax-Favored Accounts Guide*, which is available through your benefits administrator. This booklet is also available online at [www.eip.sc.gov](http://www.eip.sc.gov). Choose your category (Active Subscribers) and then “Publications.”

## Pretax Group Insurance Premium Feature

This feature allows you to pay your State Health Plan, HMO, State Dental Plan, Dental Plus and Optional Life (for coverage up to \$50,000) premiums *before taxes are taken from your paycheck*.

- **Beginning January 1, 2008, the administrative fee for this service will increase from \$0.12 to \$0.28 per month.**
- You can sign up for, or decline, this feature on your Notice of Election (NOE) form or on MyBenefits during open enrollment. You do not need to re-enroll each year to continue participating.

## Dependent Care and Medical Spending Accounts

You must enroll or re-enroll in a Dependent Care Account and/or a Medical Spending Account or a limited-use MSA to participate in 2008.

- To participate in a Medical Spending Account or limited-use Medical Spending Account, you must be an active employee and, by January 1, 2008, you must have completed one year of continuous service.
- **Beginning January 1, 2008, the administrative fee for Dependent Care and Medical Spending Accounts will increase from \$2.50 to \$3.50 per month.**
- Medical Spending Account subscribers may sign up for an **EZ REIMBURSE® MasterCard® Card**, for which there is an additional fee.
  - **Beginning January 1, 2008, this fee will decrease from \$20 to \$10 per year.** The fee will be deducted from your account at the start of the year.
  - The EZ REIMBURSE® Card is not available to employees who participate in a limited-use Medical Spending Account.
- Cards with an expiration date of December 2007 will no longer work as of January 1, 2008. Your new card will arrive at the end of December.
- **Beginning January 1, 2008, you will not be able to use your card at any general merchandise store pharmacy or at any grocery store pharmacy that has not coded its prescriptions and eligible over-the-counter items so that they can be electronically identified by the EZ REIMBURSE® Card and other Medical Spending Account card programs.** Wal-Mart and Sam's Club have met this Internal Revenue Service (IRS) coding requirement. Harris-Teeter, Kroger and Target will meet the requirement beginning January 1, 2008.

*See MoneyPlu\$ on page 13*

## Re-enrolling in MoneyPlu\$ is Easy Online

If you are enrolled in a Medical Spending Account (MSA) or a Dependent Care Account (DCA), it is quick and easy to re-enroll online.

**If you have an MSA, you also can add a DCA online.** Anytime between October 1-31, go to FBMC's Web site, [www.myFBMC.com](http://www.myFBMC.com) and log in. If this is your first visit to the site, you will be asked to create a password. If you don't remember your PIN, click on “I forgot my PIN.”

You can change your choices at any time until enrollment ends. Only your last form, whether it was submitted online or through your benefits administrator, will be processed.

If you need help, call FBMC customer service at 800-342-8017 between 7 a.m. and 10 p.m. Monday through Friday.

# MoneyPlu\$

Continued from page 12

- Walgreens has met the IRS coding requirement. However, you must send in documentation for any card transaction that is not a known/fixed copayment and for eligible purchases made at other stand-alone pharmacies (CVS, Rite Aid, etc.), which have not met the IRS coding requirement. Be sure to read the *MoneyPlu\$ Tax-Favored Accounts Guide* for information about where you can use the card and how to document transactions.
- During October, **online re-enrollment** is available. Paper enrollment forms are still available from your benefits administrator.

## Health Savings Account (HSA)

**You must be covered by the State Health Plan Savings Plan or another high-deductible health plan to be eligible to contribute to an HSA.** You cannot be covered by any other type of health plan, including Medicare (Part A or B), and you cannot be claimed as a dependent on another person's tax return. A regular MoneyPlu\$ Medical Spending Account (MSA)—even a spouse's MSA—is also considered *other health insurance*. You may, however, contribute to a *limited-use* MSA for dental and vision expenses.

- **Beginning January 1, 2008, administrative fees for MoneyPlu\$ HSAs will change.** Fringe Benefits Management Company (FBMC), administrator for the MoneyPlu\$ programs, will begin charging a fee of \$1 per month. This amount will be payroll-deducted like the MSA and DCA monthly fees. **National Bank of South Carolina (NBSC), trustee for the MoneyPlu\$ HSA, will reduce its administrative fee by half to \$1 per month or \$10 per year—your**

## Change in MoneyPlu\$ Account Statements

Beginning in September 2007, MoneyPlu\$ statements for Dependent Care and Medical Spending Account participants who do not have an EZ REIMBURSE® Card will be issued on a **quarterly basis**. After September, these participants will not receive another statement until the December statements are issued.

EZ REIMBURSE® Card participants will continue to receive monthly statements. **All MoneyPlu\$ participants can check their accounts online at [www.myFBMC.com](http://www.myFBMC.com).**

**choice.** The monthly fee will be charged to HSA accounts that have a balance under \$2,500. **The check-processing fee will decrease from \$0.50 to \$0.35 per check.** Other fees will continue to apply.

- **If you were enrolled in an HSA in 2007, you do not need to re-enroll in your HSA for 2008.** As long as you remain eligible, you may change the amount you contribute monthly to your HSA. To start, stop or change your contributions, complete a MoneyPlu\$ enrollment form and enter the new amount (\$0 to stop contributions) on the form.
- If you enroll in the Savings Plan during October, your enrollment will go into effect January 1, 2008. ***New!* You can enroll in the MoneyPlu\$ HSA during October and begin contributing to your new HSA beginning January 1, 2008, provided that, if you have a Medical Spending Account, it has a \$0 balance as of December 31, 2007.** If you have an MSA with a balance in it as of December 31, you must wait until April 1, 2008, to start contributing to your HSA.
- ***New!* You can start an HSA mid-year and contribute the full annual amount, as long as you are covered by the State Health Plan Savings Plan on or before December 1 and you continue to be eligible for a full 12 months after the end of the year.**
- If you have an HSA, you are no longer eligible for an MSA. However, you are eligible for a *limited-use* MSA for dental and vision expenses.
- When you enroll in an HSA and receive your HSA account packet from FBMC, **be sure to complete**

**and sign your signature card form and send it immediately to National Bank of South Carolina (NBSC), the trustee for the MoneyPlu\$ HSA.** NBSC will be unable to open your account or deposit your HSA contributions without this form.

- **If you will not be contributing to your MoneyPlu\$ HSA in 2008,** but want to keep your HSA account with NBSC open, the \$1 monthly fee will continue unless you have a minimum balance of \$2,500. Accounts which are inactive for 12 months (no deposits or withdrawals) will be charged a monthly fee of \$5, in addition to the regular \$1 monthly fee (if the fee applies). If your account balance drops below \$25, you need to use the balance and close the account until you are eligible to contribute again. You can also incur overdraft charges.
- **HSA contribution limits for 2008:** The Internal Revenue Service (IRS) may adjust the HSA contribution limits each year based on the rate of inflation. **The maximums for 2008 are \$2,900 for individual accounts and \$5,800 for family accounts.** A subscriber 55 or older may contribute an additional \$900 in 2008 under a "catch up" provision. HSA contributions may be made in a lump sum, in equal amounts for 12 months (such as through payroll deduction with MoneyPlu\$) or in any other combination of payments. You may also make a one-time transfer of Individual Retirement Account funds to an HSA, as long as the amount transferred does not exceed the annual HSA contribution limits.



# Prevention Is Your Best Defense Against Disease

Take advantage of these benefits and programs that can help you and your family lead healthier lives. They can make a difference!

## Managing for Tomorrow®

If you have a chronic condition, such as diabetes, asthma, coronary artery disease or hypertension, Managing for Tomorrow® can help. Available to State Health Plan (SHP) subscribers who are not Medicare-eligible, this program is designed to help you learn more about your condition and how to improve your health. Candidates are identified through claims analysis, authorizations, doctor referrals or self-referrals. The program starts with a confidential survey to help determine which programs and services are right for you. After completing the survey, you will receive health guides, home management and testing kits, seasonal newsletters and individual counseling calls.

### Weight Management Program

As part of Managing for Tomorrow®, the BlueCross Weight Management program is designed to help you lose weight.

If you think you qualify for these programs, but have not received an invitation to participate, call Medi-Call, 699-3337 (Greater Columbia area) or 800-925-9724 (South Carolina, U.S. and Canada). Follow the prompts. As a "Member," press 2. Then press 2, the number for "all other inquiries." When you reach an operator, ask to speak with a coordinator in the Managing for Tomorrow® or Weight Management program.

## Worksite Screenings

This comprehensive health screening measures cholesterol levels, blood pressure, triglyceride levels, kidney function and red and white blood cell counts. These measurements indicate whether you are at risk for developing hypertension, diabetes and anemia. The screening—worth about \$250 in a private setting—costs only \$15 and is available to active and retired employees covered by one of the health plans offered through the Employee Insurance Program (EIP) and who are not Medicare-eligible. For more information, call Prevention Partners at 803-737-3820 or visit our Web site at [www.eip.sc.gov](http://www.eip.sc.gov). Click on "Prevention Partners" and go to "Early Detection." **New! Beginning January 1, 2008, worksite screenings will be available to spouses of eligible employees and retirees.**



## Personal Health Assessment (PHA)

An online PHA is available to SHP subscribers ages 18 and older. This online survey asks you questions and then provides a wellness score based on your responses. It enables you to evaluate your health and get suggestions for lifestyle changes. The program is on a secure Web link, and your assessments are confidential. To access the survey, visit [www.southcarolinablues.com](http://www.southcarolinablues.com). Log onto "Member My Insurance Manager" and then click on the "My Health Center" link. Then, select your name from the drop-down menu and click on "Continue." Click on the "Personal Health Assessment" link to take the survey.

## Free & Clear® Quit for Life™

As an SHP subscriber—active or retired—you and your covered dependents ages 18 and older may participate (at no charge) in the Free & Clear® Quit for Life™ Program, a research-based program that has been very successful in helping people stop tobacco use. You can enroll in the 12-month program at any time during the year. When you call, your eligibility will be verified, and you will promptly be referred to a quit coach. A quit coach works with you to create a personalized "quit plan." You may make unlimited calls to Free & Clear and receive free tobacco treatment products for the entire program period. **New!**

**Free & Clear is also available to BlueChoice HealthPlan and MUSC Options subscribers.**

Call 866-QUIT-4-LIFE (866-784-8454) to enroll. CIGNA HMO subscribers can participate in their health plan's smoking cessation program by calling 800-244-6224.



## Routine Colonoscopies

The SHP has long paid benefits for diagnostic colonoscopies—those performed as a result of a symptom or a family history of colon cancer. **The plan now covers one colonoscopy every 10 years for subscribers age 50 and older, even if there are no apparent problems.** The procedures are subject to deductibles and coinsurance.

## Routine Mammograms

Routine, four-view mammograms are covered at 100 percent, as long as you use a participating facility and meet eligibility requirements. Diagnostic mammograms are covered under the SHP, just like any other diagnostic

See Prevention on page 16



# Important Contact Information for Open Enrollment

## Aetna (Long Term Care)

- Customer Service Phone: 800-537-8521
- Fax: 860-952-2024
- Web: [www.aetna.com/group/southcarolina](http://www.aetna.com/group/southcarolina)

## APS Healthcare, Inc.

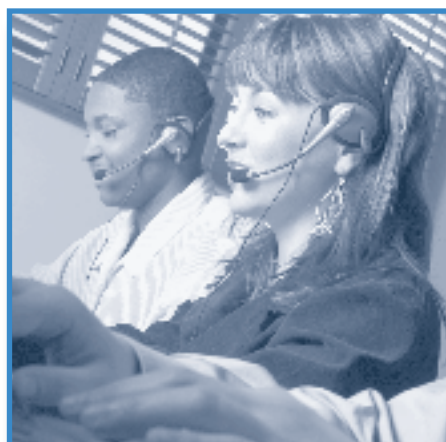
(State Health Plan Mental Health and Substance Abuse)

- Customer Service Phone: 800-221-8699
- Tobacco Treatment: 866-784-8454
- Fax: 888-897-8931
- Web: [www.apshealthcare.com](http://www.apshealthcare.com) (password: statesc)

## BlueCross BlueShield Of South Carolina

(State Health Plan)

- Health - Customer Service Phone: 803-736-1576 (Greater Columbia area); 800-868-2520 (toll-free outside Columbia area)
- Health Fax: 803-699-7675
- Medi-Call: 803-699-3337 (Greater Columbia area); 800-925-9724 (toll-free outside Columbia area)
- Medi-Call Fax: 803-264-0183
- BlueCard Program Phone: 800-810-BLUE (2583)
- Dental - Customer Service Phone: 888-214-6230
- Dental Fax: 803-264-7739
- Web: [www.southcarolinablues.com](http://www.southcarolinablues.com)



## BlueChoice HealthPlan

- Member Services Phone: 803-786-8476 (Greater Columbia area); 800-868-2528 (toll-free outside Columbia area)
- Web: [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)

## CIGNA Healthcare HMO

- Member Services Phone: 800-244-6224
- Web: [www.cigna.com](http://www.cigna.com)

## Employee Insurance Program

- Customer Services Phone: 803-734-0678 (Greater Columbia area); 888-260-9430 (toll-free outside Columbia area)
- Fax: 803-737-0825
- Retiree Billing: 803-734-1696
- Web: [www.eip.sc.gov](http://www.eip.sc.gov)

## Fringe Benefits Management Company

(MoneyPlus)

- Customer Service Phone: 800-342-8017
- Claims Fax: 888-800-5217
- Web: [www.myfbmc.com](http://www.myfbmc.com)

## The Hartford (Life Insurance)

- Medical Evidence of Good Health Phone: 800-331-7234
- Death Claims Phone: 888-563-1124
- Retiree Enrollment/Claims Phone: 888-803-7346, ext. 33648
- Insurance Conversion Phone: 800-548-5157

## Medco

(State Health Plan and MUSC Options Prescription Drug Program)

- Customer Service Phone: 800-711-3450
- Web: [www.medco.com](http://www.medco.com)

## MUSC Options

- Member Services Phone: 800-821-3023
- Web: [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)

## Standard Insurance Company (Long Term Disability)

- Customer Service Phone: 800-628-9696
- Fax: 800-437-0961
- Medical Evidence of Good Health Phone: 800-843-7979
- Web: [www.standard.com](http://www.standard.com)

## Changes

Continued from page 9

### CIGNA HMO

Refer to the charts on pages 10-11 for 2008 premiums. These are the benefit changes for 2008:

- *Office visit copayments* for in-network services will decrease to \$15 for a primary care physician, \$15 for an OB/GYN well-woman exam and \$30 for a specialist. *Office visit copayments* for outpatient mental health and outpatient substance abuse will decrease to \$30 each.
- *Short-term rehabilitation therapy and chiropractic services* will be covered with a \$30 copayment per visit. These services are limited to 20 visits in 2008.

### MUSC Options

Refer to the charts on pages 10-11 for 2008 premiums. These are the benefit changes for 2008:

- *Office visit copayments* will decrease to \$50 for a specialist.

### Medicare Supplemental Plan

No increase in premiums for regular (employer-funded) retirees; refer to the charts on pages 10-11 for 2008 premiums. See page 14 for updates to preventive programs and benefits.

### TRICARE Supplement Plan

Due to federal legislation, EIP will no longer offer the TRICARE Supplemental Plan. See page 6 for details.

## Prevention

Continued from page 14

test. The following age guidelines for SHP subscribers will apply, effective January 1, 2008:

- Ages 35-39: One baseline mammogram will be covered
- Ages 40-74: One routine mammogram every year (see note below).

For more information on mammography guidelines and eligibility requirements, please contact EIP's Customer Service Department at 803-734-0678.

**Note:** The SHP's age guidelines for covered services will be updated, effective January 1, 2008, in two instances, to conform with the guidelines from specialty societies and clinical organizations that address preventive services.

1. Routine mammograms will be available for women, ages 40 through 49, on an annual basis.
2. Well Child Care checkups will be payable on an annual basis for covered children through age 18 (multiple checkups per year for children ages one and younger will remain payable in the same manner as they are now).

## Dental

Continued from page 6

If you're considering enrolling in Dental Plus, here are some points to consider:

- You must be enrolled in the State Dental Plan to participate in Dental Plus.
- You must cover the same family members under both plans.
- Dental Plus covers the same services as the State Dental Plan (excluding orthodontia), except that the allowed amount is higher.
- Dental Plus benefits are paid based on what most dentists in South Carolina charge for particular services, up to the maximum allowed amount.
- There are no additional deductibles for Dental Plus.
- You will be responsible for the difference between your dentist's charge and the Dental Plus allowed amount if you do not use a Dental Plus provider.

***New!* In 2008, the maximum yearly combined benefit for both the State Dental Plan and Dental Plus will be increased to \$2,000 for each subscriber or covered dependent.**

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